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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                  |                                                                                                                                                                                                                               |                                    | Application or Docket Number<br><b>09/700,099</b> |           | Filing Date<br><b>12/11/2000</b> |                 | <input type="checkbox"/> To be Mailed |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------|-----------|----------------------------------|-----------------|---------------------------------------|---------------------|
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                  |                                                                                                                                                                                                                               |                                    |                                                   |           |                                  |                 |                                       |                     |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                  | (Column 2)                                                                                                                                                                                                                    |                                    | SMALL ENTITY <input type="checkbox"/> OR          |           | OTHER THAN SMALL ENTITY          |                 |                                       |                     |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                               | NUMBER FILED                                                                             | NUMBER EXTRA                     | RATE (\$)                                                                                                                                                                                                                     | FEE (\$)                           | OR                                                | RATE (\$) | FEE (\$)                         |                 |                                       |                     |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.18(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                               | N/A                                                                                      | N/A                              | N/A                                                                                                                                                                                                                           |                                    |                                                   | N/A       |                                  |                 |                                       |                     |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.18(k), (i), or (m))                                                                                                                                                                                                                                                                                                                                              | N/A                                                                                      | N/A                              | N/A                                                                                                                                                                                                                           |                                    |                                                   | N/A       |                                  |                 |                                       |                     |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.18(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                         | N/A                                                                                      | N/A                              | N/A                                                                                                                                                                                                                           |                                    |                                                   | N/A       |                                  |                 |                                       |                     |
| TOTAL CLAIMS<br>(37 CFR 1.18(j))                                                                                                                                                                                                                                                                                                                                                                                  | minus 20 =                                                                               | *                                | X \$ =                                                                                                                                                                                                                        |                                    | OR                                                | X \$ =    |                                  |                 |                                       |                     |
| INDEPENDENT CLAIMS<br>(37 CFR 1.18(h))                                                                                                                                                                                                                                                                                                                                                                            | minus 3 =                                                                                | *                                | X \$ =                                                                                                                                                                                                                        |                                    |                                                   | X \$ =    |                                  |                 |                                       |                     |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                  | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                    |                                                   |           |                                  |                 |                                       |                     |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                  | TOTAL                                                                                                                                                                                                                         |                                    |                                                   | TOTAL     |                                  |                 |                                       |                     |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                                  |                                                                                                                                                                                                                               |                                    |                                                   |           |                                  |                 |                                       |                     |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          |                                  |                                                                                                                                                                                                                               |                                    |                                                   |           |                                  |                 |                                       |                     |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                  | (Column 2)                                                                                                                                                                                                                    |                                    | (Column 3)                                        |           | SMALL ENTITY OR                  |                 | OTHER THAN SMALL ENTITY               |                     |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                  | <b>02/28/2007</b>                                                                        | CLAIMS REMAINING AFTER AMENDMENT |                                                                                                                                                                                                                               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                     | RATE (\$) | ADDITIONAL FEE (\$)              | OR              | RATE (\$)                             | ADDITIONAL FEE (\$) |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | Total (37 CFR 1.18(i))                                                                   | * 20                             | Minus                                                                                                                                                                                                                         | ** 20                              | = 0                                               | X \$ =    |                                  | OR              | X \$50=                               | 0                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | Independent (37 CFR 1.18(h))                                                             | * 3                              | Minus                                                                                                                                                                                                                         | *** 3                              | = 0                                               | X \$ =    |                                  | OR              | X \$200=                              | 0                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                  |                                                                                                                                                                                                                               |                                    |                                                   |           |                                  | OR              |                                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                  |                                                                                                                                                                                                                               |                                    |                                                   |           |                                  | OR              |                                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                  |                                                                                                                                                                                                                               |                                    | TOTAL ADD'L FEE                                   |           | OR                               | TOTAL ADD'L FEE | 0                                     |                     |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6-11-07</b>                                                                           | CLAIMS REMAINING AFTER AMENDMENT |                                                                                                                                                                                                                               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                     | RATE (\$) | ADDITIONAL FEE (\$)              | OR              | RATE (\$)                             | ADDITIONAL FEE (\$) |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | Total (37 CFR 1.18(i))                                                                   | * 13                             | Minus                                                                                                                                                                                                                         | ** 20                              | = 0                                               | X \$ =    |                                  | OR              | X \$ =                                |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | Independent (37 CFR 1.18(h))                                                             | * 2                              | Minus                                                                                                                                                                                                                         | *** 3                              | = 0                                               | X \$ =    |                                  | OR              | X \$ =                                |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                  |                                                                                                                                                                                                                               |                                    |                                                   |           |                                  | OR              |                                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                  |                                                                                                                                                                                                                               |                                    |                                                   |           |                                  | OR              |                                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                  |                                                                                                                                                                                                                               |                                    | TOTAL ADD'L FEE                                   |           | OR                               | TOTAL ADD'L FEE |                                       |                     |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".<br>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".<br>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                          |                                  |                                                                                                                                                                                                                               |                                    |                                                   |           |                                  |                 |                                       |                     |

Legal Instrument Examiner:  
Audris Sias

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.